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## DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Prevention and Treatment of Necrotizing Enterocolitis**, the specification of which is attached hereto. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/318,109

05/24/99

Patented

*Application Serial No.*

*Filing Date*

*Patented, Pending or Abandoned*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: **John A. Kink**

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: 110 Wolf Street, Madison, Wisconsin 53717

Citizenship: United States of America

Post Office Address: 110 Wolf Street, Madison, Wisconsin 53717

Full Name of Second Joint Inventor: **Katherine L. Worledge**

Inventor's Signature: K Worledge

Date: 8/21/01

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Address



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Full Name of Sole or First Inventor: **John A. Kink**

Inventor's Signature: John A. Kink

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Residence: 110 Wolf Street, Madison, Wisconsin 53717

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Date: \_\_\_\_\_

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